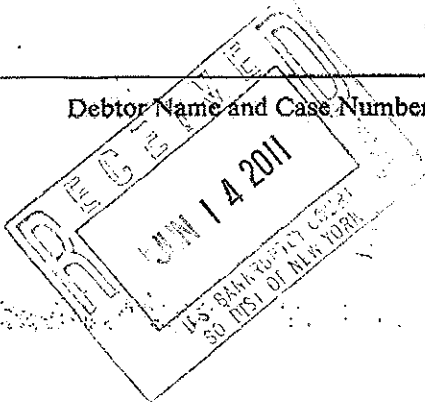



UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

WITHDRAWAL OF CLAIM

 Debtor Name and Case Number:	<input checked="" type="checkbox"/> Motors Liquidation Company, Case No. 09-50026
	<input type="checkbox"/> MLC of Harlem, Inc., Case No. 09-13558
	<input type="checkbox"/> MLCS, LLC, Case No. 09-50027
	<input type="checkbox"/> MLCS Distribution Corporation, Case No. 09-50028
	<input type="checkbox"/> Remediation and Liability Management Company, Inc., Case No. 09-50029
	<input type="checkbox"/> Environmental Corporate Remediation Company, Inc., Case No. 09-50030
Creditor Name and Address:	N SALON & J SALON CO-TTEES F/T THE SALON FAMILY TRUST U/A DTD 9-21-94 5111 KAPALUA LAS VEGAS, NV 89113
Claim Number (if known):	4073
Date Claim Filed:	10/5/2009
Total Amount of Claim Filed:	\$15,000.00

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

Dated: 6-8-11


Print Name: Nicky Salon
Title (if applicable): Trustee

US ACTIVE:43219392402472240.0639

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FAX NO. : 7022514600

FROM : NICHOLAS SALON

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

Name of Debtor (Check Only One)
☐ Motors Liquidation Company (17k/a General Motors Corporation)
☐ MLCS, LLC (17k/a Saturn, LLC)
☐ MLCS Distribution Corporation (17k/a Saturn Distribution Corporation)
☐ MLCS of Harlem, Inc. (17k/a Chevrolet-Saturn of Harlem, Inc.)

Case No.
 09-50026 (REG)
 09-50027 (REG)
 09-50028 (REG)
 09-13558 (REG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): **N SALON & J SALON CO-TTEES FT**

Name and address where notices should be sent:

**N SALON & J SALON CO-TTEES FT
 THE SALON FAMILY TRUST U/A
 DTD 8-21-04
 5111 KAPALUA
 LAS VEGAS NV 89113-1244**

Telephone number: **702-251-4000**
 Email Address:

Name and address where payment should be sent (if different from above):

**FILED 04073
 MOTORS LIQUIDATION COMPANY
 FIK/A GENERAL MOTORS CORP
 SDNY # 09-50026 (REG)**

Telephone number:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number _____
 (if known)

Filed on _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

PROOF OF CLAIM

Your Claim Is Scheduled As Follows:



If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (The scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. EXCLUSAS FOLLOWS. If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1 Amount of Claim as of Date Case Filed, June 1, 2009: **\$ 15,000**

If all or part of your claim is secured, complete item 4 below. However, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2 Basis for Claim: **Secured Claim**
 (See instruction #2 on reverse side)

3 Last four digits of any number by which creditor identifies debtor: _____

3a Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side)

4 Secured Claim (See instruction #4 on reverse side)

Check the appropriate box: (1) your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other

Value of Property \$ _____ Annual Interest Rate % _____

Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____

Basis for perfection: _____

Amount of Secured Claim \$ _____ Amount Unsecured \$ _____

5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (& 507(a)(2)).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)()
 Amount entitled to priority:

\$ _____
 *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6 Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7 Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side).

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Date: **2/2/09**

FOR COURT USE ONLY

**SPK-MAC, 6/2/09
 8/10/11**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. Modified B10 (GCC) (12/08)

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FAX NO.: 7022514500

FROM: NICHOLAS SALON